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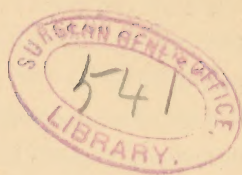
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GYNECOLOGY AS RELATED TO INSANITY IN WOMEN.

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THE relations which exist between the sexual organs of women and diseases of the brain and nervous system, had occupied some of my time and attention in the past, but my opportunities for observation were limited, until Dr. J. C. Shaw, the Medical Director of the Kings' County Insane Asylum at Flatbush, invited me to take charge of the gynecological practice in that institution, counting among its inmates about four hundred female patients. This gave me extended facilities for studying this special department of medicine as it presents itself among the insane.

Upon entering this field of observation, I was confronted with an entirely new phase of practice, in which the ordinary methods of investigation were of little value. No correct histories could be obtained from the patients themselves, and the records kept by the physicians in charge, though full and correct in all that pertained to the mental conditions, afforded but little information of value to the gynecologist.

The routine business common to all these institutions, made it imperative to acquire the art of investigation in this

department. Information was sought in records, regarding gynecological practice among the insane, without avail, and so I was obliged to devise a method of examining patients.

The system of investigation adopted, and the phenomena observed, together with the deductions drawn therefrom, form the subject matter of this paper.

It should be clearly understood that the subject to be discussed is limited simply to the relation which gynecology bears to insanity.

Regarding the etiological relations of diseases of the brain and sexual organs, little need be said at this date. I take it for granted that all will agree that insanity is often caused by diseases of the procreative organs, and on the other hand, that mental derangement frequently disturbs the function of other organs of the body, and modifies diseased action in them. Either may be primary and causative, or secondary and resultant. In the literature of the past, we find the gynecologist pushing his claims so far as to lead a junior in medicine to believe that if the sexual organs of women were preserved in health, insanity would seldom occur among them. While the psychologist, or alienist, holds that women will lose their reason and regain it, without much help or hinderance from their reproductive organs. The ablest and best men on both sides take the human organization as a whole, and give to each portion its legitimate share of credit for good and evil. On this branch of medicine the boundary lines which divide the gynecologist and psychologist often touch and cross each other, and it is necessary that we should know where they subtend, and where they diverge. To know this will insure a cordial agreement as to when the two specialists shall act separately, and the conditions which require them to labor together for the benefit of those who suffer in body and mind.

From my investigations, I have been led to the belief that up to the present time the effect of disease of the sexual organs in women, in causing and keeping up insanity, has been more correctly studied than the influence which insanity exercises upon the sexual organs. This opinion may have been formed from the fact that my observations have been made especially from the standpoint of the gynecologist, and therefore the other side of the question has not been so clearly seen. But the reasons for holding this belief are, that the one line of investigation is easier than the other, and our literature shows that most investigators have chosen the sexual organs as the starting-point of their inquiries. The gynecologist has the advantage of knowing when his patients have uterine or ovarian disease, and if insanity follows in any of his cases, he may be able to estimate the influence of the primary disease in causing the mental disorder. On the other hand, the psychologist may have a number of insane patients who suffer from uterine and ovarian diseases which may escape his notice. This may readily occur even among the cases of insanity caused by diseases of the sexual organs. Derangement of the mind often obscures all the symptoms of disease, and therefore the medical attendant is liable to be misled. One is not apt to overlook insanity in patients known to have disease of the sexual organs, and hence the advantage that the gynecologist has in studying the relations of these two forms of morbid action. For reasons such as these, we should not find fault with psychologists for not having done more to develop this branch of medical science, but rather remind gynecologists that they have done so little, considering their opportunities.

At this point, attention may be directed to the way in which diseases of the sexual organs cause insanity. We have long recognized the cause and the effect, but the mode

of action of the one in producing the other may be admitted, in many cases at least, as an open question.

The rule has been to attribute insanity (when developed during the existence of uterine or ovarian disease) to reflex action. The well-known book by Dr. H. R. Storer affords a notable example of the position given to reflex action in the etiology of insanity. This no doubt is an important factor in the cause of mental derangement, but it is far from covering the whole ground. An acute disease of the ovaries or uterus, or a displacement of either, is sufficient to cause a mental derangement (in some highly sensitive organizations) which will subside when the disease of the pelvic organ is relieved. Such cases are no doubt reflex in character, but there are a great many more cases of insanity that can be traced to the sexual organs in which reflex action takes no part. Take, for example, cases of uterine disease, preceding by an interval of years the mental derangement which follows without any increase of the primary disease. In such cases it is probable that impaired nutrition of the brain, which occurs as the result of prolonged suffering, is the direct cause of insanity, and not the result of reflex action from the disease of the sexual organs. The irritation and exhaustion produced by uterine or ovarian disease is simply the predisposing indirect cause of the insanity, while the direct cause is some lesion of nutrition of the brain itself.

One of the most marked and important causes of insanity among women is clearly traceable to frequent child-bearing and lactation among the poorer classes. This extraordinary taxation imposed by their maternal duties deranges the mind of a vast number of women. This fact is quite familiar to medical men, and has been proved to my own satisfaction by clinical observation, and a perusal of the records of all the asylums in this country. From these reports I find that

the largest number of insane women are found at from twenty-five to forty years of age, and that of these a large percentage have been married and have had children. Of this number, some may have had disease of the sexual organs, but there can be no doubt that a large number become insane from the exhaustion of frequent child-bearing and lactation, without any other complications. These cases of insanity can be traced indirectly to extraordinary functional activity of the sexual organs, but cannot be called cases of reflex insanity. There is a difficulty in turning the records of asylums to account, because they are not kept so as to bring out the history of the sexual organs, or the relation of their diseases to insanity. Nevertheless, there are facts sufficient to show that child-bearing and lactation bear an important relation to mental disorders.

There is too little in our literature on the subject of mania caused by the exhaustion of the nervous system from child-bearing and nursing. The true bearing of the sexual organs in this connection is liable to escape notice, because the mental weakness or nervous exhaustion is the first manifestation of disease. There is no uterine or ovarian disease to attract the physician's attention while he is seeking for the cause of mania. Our books tell us of anæmia from prolonged lactation, but say little of the nervous exhaustion which may or may not be accompanied by anæmia.

Every practitioner has observed the conditions of mental depression and nervous irritation and debility which occur during the child-bearing period of women's life. We may go beyond the apparent effects of rapid and long continued reproduction and ask the question, why the execution of this normal function should so often sacrifice the mental and physical health of the woman? The answer is, that too many other duties are usually imposed upon women during

the age of reproduction. Among the poor the wife is required to work for her livelihood, as well as to give life and sustenance to her children; even among the rich we will often find that very little allowance is made for maternal duties. These combined exertions of reproduction and every day labor to which so many women are subjected, are more than the strongest constitution can endure. This will be granted by the most fanatical believers in the mental and physical capabilities of women. It may be questioned if even physicians at all times fully appreciate the demand made upon the female organization by reproduction. During pregnancy, there is often an apparent or real increase in the nutrition of the individual, which gives the highest evidence of good health; there is also manifest ability to do ordinary work that is surprising. But if this power is abused, as it often is, the result must be general debility. The resistance to this over-taxation may be and often is maintained for a long time. The first pregnancy and lactation do not necessarily break down the constitution, but the repetition of these, with the duties and cares which multiply as life advances, exhaust the nerve power, and lead in many cases to mental derangement. This is especially so among those who have been raised in ease and comfort without acquiring habits of industry. When daughters of these families marry into less affluent circumstances, or when fortune turns against the young wife and mother, and disappointment and privation are added to the taxation of household duties and the raising of a family, then we have all the conditions necessary to cause insanity. Many cases having such a history can be found in our asylums. The insanity occurring under such circumstances is generally centric and not reflex, and yet dependent to some extent on the sexual organs.

Many authorities might be quoted to prove that the normal functional activity of the reproductive organs some-

times tends to undermine the brain and nervous system to an extent sufficient to lead to insanity, and I am satisfied, from cases occurring in my own practice, that it occasionally does so.

There is a prevailing opinion that insanity occurs very frequently at puberty, and the cause in such cases is generally ascribed to reflex action. This no doubt is frequently the true cause, but is not always so. Mental and emotional excitement occurring in connection with demands of the reproductive system abruptly made at that time, may develop insanity at puberty, when the sexual organs are well developed and perform the function of menstruation normally. Again, insanity occurring at the menopause, in place of being due to disease of the sexual organs, can often be traced to deranged conditions of the general system, such as imperfect elimination, or as the older authors state, the sudden suppression of an accustomed discharge.

There are other causes of insanity, such as the puerperal state and venereal excesses, which are fully discussed in our books and need not be mentioned here. Enough has been said to show that a clear distinction should be made, in the study of etiology, between insanity caused by existing active disease of the sexual organs, and insanity arising from brain exhaustion produced by prolonged or excessive functional activity of these organs while free from any disease. We incline to the belief that as many or even more cases of insanity can be traced to the latter, *i.e.*, exhausting activity, as to the former, *i.e.*, active disease of the sexual organs. The bearing of these facts upon the diagnosis and treatment of insane women will be apparent to all medical men. In the one class of cases the sexual organs require no attention, except as factors in the indirect cause of the mental affection; while in the other the disease of the

sexual organs is the direct cause of insanity, and tends to keep it up until removed by the treatment which ought in all cases to be instituted.

Having briefly referred to some of the influences of the sexual organs in causing insanity, the next question which we propose to discuss is the effect of insanity upon the function of the reproductive system. Observations were made on two hundred women ranging in age from 17 to 46 years, the period of active functional life of the sexual organs. These observations were continued during six months, and at the end of that time eight were lost, some by death, and the others discharged from the asylum. Of the remaining 192, there were only 27 who menstruated regularly and normally; 30 did not menstruate at all; 4 menstruated once; 8 twice; 10 three times; 18 four times; 34 five times; 24 six times at irregular intervals; 31 seven times and 6 eight times during the six months. This record shows to what a marked extent the menstrual function is disturbed among insane women. There are perhaps no other conditions in which two hundred women possessing the same degree of physical health could be found with menstrual derangements to the same extent. These disorders of menstruation are accounted for in two ways. The impaired general nutrition which prevails so extensively among the insane is sufficient to arrest the menses in a large proportion of cases. The general health is reduced so far below the normal standard, as to compel the individual to suspend all functional activity not absolutely necessary to life. The same symptoms occur in any of the exhausting diseases, such as phthisis pulmonalis, as every physician well knows. The amenorrhœa is conservative when it occurs under such circumstances, and should not be considered abnormal, but as a fortunate provision of nature to relieve an overtaxed organization from a duty

which can be neglected with less injury to the individual than any other function. That the suspension of menstruation is caused by mal-nutrition, is evident from the fact that the same condition occurs in other diseases when the nutrition is markedly impaired. Additional proof is also obtained from the fact that the sexual organs in such cases are generally found to be anæmic, presenting the appearance of those who have passed the menopause, except that there is not always atrophy such as we find in the very aged. A sufficient number of the cases having suppression of the menses that are recorded in the table were carefully investigated to show that there was, in most of them, impaired nutrition of the sexual organs, to account for the amenorrhœa. On the other hand, amenorrhœa finds its cause in the diseased nervous system alone. A few cases, and especially one, came under observation in which the general nutrition was normal, the pelvic organs were in a healthy condition, and still there was amenorrhœa due, beyond doubt, to imperfect innervation. An abundance of proof could be brought forward to show that deranged innervation, such as occurs among the insane, causes suspension of the function of the sexual organs; but it will suffice to recall the fact that mental shocks, prolonged mental anxiety and the like have been long recognized as causes of acute suppression of the menses. Cases without number are on record which establish that.

As a number of patients who came under my care menstruated regularly, and some of them had menorrhagia, or too frequent menstruation, the question arises, why was that the case, all of the patients being insane? According to the rule forced upon us, that insanity tends to suspend the menstrual function, all the insane should have amenorrhœa, but they do not. The answer then is, that men-

struation is affected in proportion to the degree of insanity. In those patients who menstruated normally, the insanity was of a mild type, not sufficient to impair either the nutrition or the innervation of the pelvic organs to any marked extent; and in those who suffered from menorrhagia, or too frequent menstruation, there was some form of uterine disease present.

The deductions drawn from the phenomena observed may be formulated as follows: Well-developed insanity, with impaired general nutrition, causes suppression of the functions of the sexual organs. Deranged innervation tends to produce the same result. In mild forms of insanity menstruation may continue normal. Excessive menstruation among the insane is usually caused by uterine disease, and should be accepted as evidence of such.

The opinion just stated is based upon clinical observations of the menstrual function, which may be taken to a great extent at least, as an index of the condition of the organs concerned. It cannot, however, be claimed that amenorrhœa is a sure indication that all the functions of the sexual organs are suspended. We know well that ovulation may continue, while menstruation is absent, and so may the venereal desire, but such cases are exceptional. Moreover, there are other reasons for believing that a general functional inactivity prevails in those cases, characterized by amenorrhœa. In a few cases of this class, when a post-mortem examination has been made, the evidences of ovulation have been absent. More facts are needed to fully establish this point; still enough have been obtained to show that ovulation is arrested in some cases of insanity. Again, maternal and marital affections (ruling passions in women) are, as a rule, rarely manifested by this class of insane women. This would also tend to prove that the sexual organs return for the time to a condition of functional inaction resembling that of childhood or advanced age.

Trusting that sufficient evidence has been produced regarding the influence of insanity upon the function of the sexual organs, the question which follows in succession is, what effect does insanity exert upon their diseases?

We shall first take up the functional diseases of the uterus; and, according to the necessities arising from the character of our nomenclature, we must include under this head all those affections in which the function of the organ is deranged, because of an impaired innervation and blood circulation.

It appears that all authorities upon uterine pathology agree that in a host of cases of uterine diseases met in practice, there exists an excess of nerve irritability and hyperemia, without any well defined change in the structure of the tissues, excepting that which occurs in all pathological congestions. A condition which implies a change in the quantity of blood and calibre of the vessels, which is not permanent, but disappear under influences which enable the vessels to regain their original size and tonicity. This class of diseases is distinct from the organic, in which well-defined and easily recognized changes of structure exist. For want of a more comprehensive and accurate name, these are called functional affections.

The influence of insanity on this class of diseases is most favorable. It may be stated fairly that such diseases disappear upon the occurrence of mental alienation. To use a popular, but unscientific expression, insanity tends to cure functional diseases of the uterus. This statement may excite question and opposition, but clinical observation compels this conclusion and renders it worthy of the highest consideration. It should be clearly borne in mind that the influence of insanity does not extend beyond this class of diseases; that it does not affect organic diseases to the same extent at least. This is not claimed by any means, but the

effect upon the functional forms of disease is marked, and we think unquestionable. There are exceptional cases no doubt, but the rule holds good. The subjects of masturbation, and those who labor under a mental derangement of a venereal kind, while free from uterine and ovarian disease, have centric affections only, and belong to a class to be referred to at another time.

Attention was first directed to this subject by watching the progressive history of a case which was under observation for congestion of the uterus and leucorrhœa. She became insane, and her uterine disease disappeared without local treatment. The disease of the uterus, added to other causes of mental disturbances, was supposed to have acted a part in the causation of her insanity. Other cases followed this one, until sufficient material was obtained to show the relationship of the mental and uterine disease. Some cases, indeed quite a few, whose history of former uterine diseases I obtained through friends, when examined in the asylum, were found to have recovered. The disappearance of functional uterine disease upon the occurrence of insanity agrees with the facts observed, regarding the influence of mental alienation on the function of the sexual organs. That the vital activity of an organ or system can be lowered by the influence of disease existing elsewhere in the organization to an extent sufficient to cause arrest of function, is evidence that functional disease may disappear under the same circumstances. The same action is observed in the pathology of other diseases. The literature of medicine furnishes numerous illustrations of the fact that disease in one portion of the body may disappear upon the development of morbid action in another. This is all comprehended under the head of the antagonism of diseases, the same law which recognizes the physiological antagonism of medicines. It is not claimed that all func

tional disease of the uterus disappear when insanity is developed; but this occurs so generally, that those cases in which the uterine derangements persist, may be classed as exceptional.

This peculiarity of uterine disease among the insane has probably led psychologists to attach but little importance to uterine disease as complicating mental affections. This is the only reason or excuse for those who claim that the sexual organs require but little notice from those who have the care of insane patients. Such observers have caught a fraction of the truth, and endeavor to make it cover more ground than belongs to it. The influence of insanity in arresting the progress of uterine disease relates almost exclusively to the class of affections above stated, and does not apply to other forms of local disease of an organic character. Those who claim much more are as far from the right as the gynecologist, who believes that the great majority of women who lose their reason do so because of disease of the sexual organs, and that all insane women should be placed in charge of the specialist for diseases of women.

The class of insane women who have simply functional diseases of the sexual organs requires no care from the gynecologist, beyond what is necessary to establish the fact that there exists no organic disease. This in itself is an important service, and one which the gynecologist only can render; but when the diagnosis is settled in the negative, the patient should be left to the psychologist. The relief of deranged menstruation and functional diseases must come through improvement of the general health and the cure of the insanity, and not by any local treatment, except hygienic, and this the alienist is as competent to afford as the gynecologist.

The same rule of practice should be followed in the man-

agement of this class of patients that is observed in cases in which the function of the sexual organs is deranged from any other disease of the general system, like pulmonary phthisis, nervous exhaustion, and such like ; *i.e.*, to restore the general system to health, and trust that restoration of the sexual organs will follow.

There is one class of insane patients, already referred to, in which there appears to be a functional derangement of the sexual organs, which would apparently call for the gynecologist's care ; viz., those who manifest insane sexual desire, or whose ravings are obscene and licentious. Such cases often take their origin in some disease or abuse of the sexual organs, which either disappears or eludes the diagnostic skill of the gynecologist.

While the mental derangement points to trouble of the pelvic organs, no disease can be detected. Local treatment in such cases can effect no benefit, because the disease is centric and not reflex ; hence the treatment must be directed to the nervous system. When it is stated that manifestations of sexual excitement may originate in the brain or nervous system, we have clearly in mind that the same symptoms may arise from disease of the pelvic organs, and will refer to that class of cases at another time. We take the ground that abnormal sexual excitement sometimes has its origin in the nerve centres, and that too when the sexual organs are free from disease, and that a mental derangement of an emotional character may continue after the disease which caused it has subsided. The importance of clearly distinguishing disease of the sexual organs that cause and tend to keep up insanity, and mental derangements, which exists independent of lesion of other organs, can hardly be over-estimated.

Organic diseases of the sexual organs exercise a most important influence in causing insanity, and tend to retard

recovery from it. Under that head are included all the appreciable diseases of the ovaries, uterus and vagina, that are characterized by change of structure or position. These need not be named individually, but I may mention some conditions that are more properly called results or products of disease, in contradistinction to active morbid processes. Such are the products of pelvic peritonitis and cellulitis, cicatrices of the cervix and vagina. These, by adhesion and contractions, often cause severe pelvic pains, sufficient to induce or keep up insanity.

These affections of the sexual organs frequently cause insanity directly or indirectly, and unlike functional diseases, are not as a rule relieved by the mental derangement which follows. It is evident that no disease of the brain or nervous system could favorably influence a displacement of the uterus or the ovaries, nor modify the ill-effects of a laceration of the cervix, nor check a leucorrhœa due to that lesion of the organ. On the contrary, insanity which too often debars the sufferer from requisite treatment, and even the care that she would take to favor her infirmities while in sound mental health, tends to prolong if not to aggravate the pelvic disease. These diseases of the sexual organs remain as a disturbing element to keep up the derangement of the brain, or at least to retard recovery. In this way the insanity and the disease of the sexual organs act in concert to maintain each other to the detriment of the unfortunate sufferers. There are but few cases in this class, where the disease of the pelvic organs can be lessened in severity by the presence of insanity. The general anæsthesia which occurs in some forms of insanity, may relieve the patient from the suffering of pelvic pain arising from old adhesions. So also a dysmenorrhœa, which is largely due to an exalted nerve irritability, may be modified or entirely relieved. In prolapsus of the ovaries

and chronic ovaritis, the pain may be calmed by the mental derangement as by opium, but still in such cases, although the patient appears to suffer less, the question may be asked, does not the disease exert as powerful an energy for evil upon the brain and nervous system of the sufferer? It is possible that while the patient is so fully engaged with insane fancies as to disregard physical pain, the local irritation exists none the less, exercising its depressing influence. Be this as it may, it is certain that whenever disease exists in the sexual organs of insane women, the condition of the brain, if influenced thereby at all, must be affected unfavorably. If such diseases of the sexual organs are capable of causing insanity, (a fact that appears to be settled by our best thinkers on both sides) they must also tend to keep it up. It is to this class of genital affections among the insane, that the science and art of gynecology applies with most marked advantage. Functional derangements and diseases of the sexual organs among the insane may be left alone, and the patients committed to the psychologist, with confidence that they will secure all the benefits that medical science can afford. In this department those who care for the insane may insist upon non-interference from us. But when insane women have organic diseases, they have a right to all the relief that they can obtain from gynecology, and that is certainly very much.

Another question follows at this point: What are the ascertained effects upon the insane of curative treatment of the co-existing diseases of the sexual organs.

Any one who is familiar with our current literature would, on first thought, be prompted to say that the results are very gratifying,—even wonderful. There are cases without number recorded in which all varieties of strange nervous affections and mental disorders have disappeared as if by

magic, upon the replacement of a dislocated uterus, or the restoration of a lacerated cervix. Much of this literature may be worthy of acceptance as exact science, but there is much of it that may be challenged as having no other claims upon our notice than the fact that recovery of one affection followed the cure of an accompanying one; but what relation the one had to the other remains a mystery. To accept all such testimony as correct, would be as unsafe as to believe that sense and reason could be promptly restored to all insane women by curing any disease of the sexual organ that they had.

A careful consideration of this subject has led to the conclusion that acute affections of the brain and nervous system, that are wholly due originally to disease of the sexual organs, will be relieved, in a large majority of cases, by curing the primary affection. The effects of treatment of the disease of the sexual organs will be in proportion to the duration and severity of the mental derangement. In sub-acute mania, caused or aggravated by disease of the sexual organs, marked benefit or prompt recovery may be expected to follow the cure of the pelvic disease. On the other hand, chronic mania, associated with disease of the sexual organs, will often remain unchanged after the local disease has been relieved. That is sometimes the case when the patient's general health improves by the local treatment.

This follows the rule that is observed in other departments of pathology, in which two or more diseases are related to each other in the order of cause and effect. A secondary disease does not always disappear when the primary one, which acted as the cause of the other, is cured. This defines the limits of the success which the gynecologist may expect to have in practice among the insane.

Having endeavored to outline the conditions which demand the service of the gynecologist among the insane, attention is now invited to the subject of diagnosing diseases among this class of patients. The rules laid down in our text-books on diseases of women for investigating pathological conditions apply to practice among the insane only in part.

There is an endless number of difficulties which are not encountered among sane women. To overcome these and find means and ways of ascertaining the clinical history and physical indications of the state of the sexual organs, has occupied much of our study, and the results we now offer.

The first thing required is the natural and clinical history of the sexual system. Very few insane patients can afford account of themselves in this respect; even those who comprehend questions and are disposed to answer them, are often opposed to discussing their uterine conditions, and when they can be induced to talk on the subject, the physician is left in doubt as to the correctness or value of their testimony. We are obliged therefore to depend upon the methods employed in the investigation of diseases in children, and seek information from those who have had the care of the patients. Parents, friends and nurses can generally give us the facts that we require to know. By diligent inquiry in this way, the leading points in the history of the patient up to the development of insanity can be usually learned, and if the attention of the nurse or guardian is directed to a careful observation of the function of the sexual organs, much valuable knowledge can be obtained in that way. Attention is especially directed to this part of the clinical history of insane patients, because it is sadly neglected by the great majority of those who have the care of them. In looking over the records kept

in the asylums one can see how little information they afford regarding the state of the organs of reproduction. The age of patient, and whether married or single, and the number of children, if any, that she has had, is, in many institutions, all that bears upon gynecology.

For example, in the tables of nearly all the asylums for insane people in this country, we find that those showing the age at which insanity first appeared, give the number of those under 10, from 10 to 15, from 15 to 20, and so on; or else they are arranged under 20, and from 20 to 30, 30 to 40, etc. This shows how impossible it is for any one to obtain from such tables the information which the gynecologist needs, on the relations of puberty and the menopause to insanity. These records may give the information required by the psychologist, but are of little value for our purpose. To know the condition of the sexual organs, we require all available information regarding their functional manifestations. In order to accomplish this, I arranged a case-book for use in our county asylum, which was approved by the Medical Director, Dr. Shaw. The headings in the blank pages are so arranged, as to call out the history bearing upon the condition of the sexual system, etc. Here is the history of a case as it reads from this form of record :

Date.

Name, *A——— M———* Age, *30.* Nativity, *Germany.*
 Temperament, *Sanguine Nervous.* Diathesis, *None.*
 Development, { Mental, *Good.* Inherited Disease, *None.*
 Physical, *Fair.*
 Social condition. *Married eleven years.* No. of Children, *7.*
 Age of first, *10.* Age of last, *8½ms.*
 Miscarriages, Period of Gestation, Date of first, Date of last,

	Character.	Recurrence.	Duration.	Amount
Menses, { Before insanity.	<i>Normal</i>	<i>Every 28 days</i>	<i>5 to 6 days</i>	<i>Normal</i>
First { after " at 16	<i>Absent.</i>			

Effect of Menses on Nervous System before insanity, *No effect observed.*

Effect of Menses on Nervous System after insanity, *Not observed.*

History of Disease of Sexual Organs before insanity, *Normal until after her fifth child, when she had slight prolapsus of the uterus and bladder.*

Mental manifestations and Symptoms of Disease of the Sexual Organs. *Complained of weakness, while nursing her last three children. She walks in a stooping position; has leucorrhœa, and states that there is something in her womb which ought to come away.*

Physical signs of Disease of Sexual Organs, *Uterine cavity three and three-fourths inches long. Slight eversion of cervix; anteversion of the uterus; prolapsus of the urethra and bladder.*

Diagnosis, *Imperfect involution and anteversion of the uterus. Eversion of the cervix from slight laceration; prolapsus of the bladder and urethra.*

Form of Insanity, *Melancholia.*

Duration { of Insanity, *Five months.*
 { of disease of Sexual Organs, *Began at the birth of her last child, and increased at her last confinement eight and a half months ago.*

Cause { of Insanity, *Exhaustion from reproduction and over-work.*
 { of disease of Sexual Organs, *Debility, and resuming her every-day labor too soon after confinement.*

A part of this history, you observe, was obtained from the mother of the patient, who also furnished some valuable facts regarding herself; the rest is added by the medical attendant.

Such a record supplies the required information for the use of the gynecologist, and although it may not be the best attainable, we venture to state that it is better for the purpose than the records usually kept in such institutions, and it is therefore commended to those in charge of insane women who desire to avail themselves of the aid of those skilled in the treatment of the diseases of women.

The design of this method of making clinical histories is to ascertain, as far as possible, the condition of the sexual organs before insanity occurred, and the relation of the mental derangement to the functions of reproduction. Then follows the history of the function of these organs as shown by the condition of the menstrual function. Lastly, the observance of such mental manifestations as may indicate the existence of disease of the sexual organs. Under this head, much valuable information may be obtained by carefully studying the patient's speech and behavior. This portion of the subject may be brought out more clearly by a few details.

Dr. Shaw called my attention to one girl who walked about the ward in a stooping position, and held her hands upon the genitals as if trying to support them. She made no complaint, nor was she sane enough to answer questions about herself, but her actions raised the suspicion that there was something wrong, and upon examination she was found to have uterine disease. Another case, a married woman and the mother of children, was able to converse quite rationally on many subjects, but was greatly disturbed by imagining that men visited her at night for unlawful purposes. She also had disease of the uterus. There are a great many ways in which cerebation indicates that the brain is influenced by the sexual organs, and such derangement of thought, shown by abnormal conversations, is often valuable in pointing to disease of the pelvic organs. Obscene or licentious mental expressions do not always indicate disease of the sexual organs. The demoralization of the insane may come from previous bad habits and associations, or may be developed by the disease of the nerve centres while the sexual organs are normal. Perverted thought when cut off from the control of the reason, may be made manifest while there is no physical signs of dis-

case outside of the brain itself, but when deranged emotions manifested by obscene speech and actions are observed, in those previously modest and chaste, they should be taken as probable evidence of disease of the sexual organs, and should lead to further investigation.

Physical exploration of the pelvic organs of insane women has heretofore been beset with many difficulties. Indeed it has been impossible to examine some insane patients. Persuasion is often useless, and forcible efforts to control them ends mostly in defeating the examiner, or injuring the patient, or both. The only practical way has been to anæsthetize by ether, and this has proved to be very unsatisfactory. It is often a laborious task to give ether or chloroform to a maniac, to say nothing of the danger and injurious after-effects. With such past experience, we need not wonder that the practice of gynecology has found but little favor among those having the care of insane women. One has only to witness the distressing scene enacted in forcibly giving ether to a maniac, for the purpose of treating a uterine disease, to be satisfied that the results do not justify the means.

To overcome all these difficulties, I use the nitrous oxide gas as an anæsthetic, and I am happy to say that it answers the purpose admirably. It acts quickly and pleasantly, and has none of the choking effect, which is so distressing to those of sound mind, and peculiarly horrifying to the insane.

The mode of administering it is with the apparatus used by the dental surgeons, to whom we are greatly indebted for these valuable appliances. In place of using the mouth-piece, a rubber cap is employed, which fits over the patient's mouth and nose. The more manageable cases are placed upon the table, while the gas is administered. Refractory ones are placed in a chair, with a back high enough for the

head to rest against. An attendant on each side holds the arms; the operator places the cup over the face, and holds it, while a third assistant holds the head steady between his hands and the back of the chair. A few inspirations are usually sufficient to quiet the most unruly patient, then the inhaling proceeds quietly until anæsthesia is complete.

By opening the valve so as to admit a portion of air, the effect can often be kept up without producing the arrest of blood aeration, which occurs in profound anæsthesia from this agent. It is well, if possible, to avoid this extreme anæsthesia, and the lividity which follows, because it changes the appearance of the tissues, and might thereby interfere with minute examination, especially if the examiner is unaccustomed to it.

So far as the observations of Dr. Shaw and Dr. Arnold of the Asylum have extended, no unpleasant effects have followed the use of this agent; on the contrary, many of the cases who took it appeared to be improved in their mental condition. One young girl, who had been many months in the Asylum, and who spent most of her time in mental and physical inaction, asked for work to do, and became quite useful after having taking the gas a few times. The improvement could not have come from the treatment of her local derangement, because she did not improve in that respect. There is much reason for believing that the nitrous oxide gas is a valuable tonic in cases of extreme debility of the nervous system. Drs. Barker and Blake related some instructive cases bearing upon this subject in the N. Y. Obstetrical Society. Both these gentlemen employed the gas in such small doses as not to cause anæsthesia, and the effect was very satisfactory. I believe that further observation will show that like good will follow in some cases where it is given as anæsthetic. If that should prove to be so on further observation, this agent will exer-

cise a double advantage. As it is, the use of it in the treatment of diseases of the sexual organs of insane women, is a contribution from gynecology to the management of the insane which promises to be of great benefit.

The physical signs of disease vary but little from those in ordinary cases, with a few exceptions which may be mentioned. The absence of tenderness is almost always marked. Patients rarely complain of being hurt by examination or treatment. This is so marked as to be noticeable in those who permit treatment without taking an anæsthetic. When the mental derangement has existed for several months or longer, and the menses have been absent, the vagina and cervix uteri are found to be pale and anæmic. The appearance resembles that found in those who have passed the menopause. This does not indicate any active disease, but simply shows the inactive condition of the circulation and nutrition. Constipation is so common among insane women as to make it almost the rule to find the rectum distended. This fact should be born in mind so that the bowels may be emptied before making an examination, thereby disposing of one of the chief obstacles to our investigations. The diagnosis of ovarian diseases—obscure at all times—is most difficult among the insane. It is well known how much dependence is placed upon the presence of tenderness on pressure in ascertaining the condition of the ovaries. This valuable sign is lost when we examine under an anæsthetic, and even when the patient is conscious, we cannot always tell by their behaviour, whether pressure hurts or not. Still in one case I was able to detect disease of the right ovary by observing that the organ was enlarged, prolapsed, and tender on strong pressure. There was also rigidity of the abdominal muscles on that side, which was marked compared with the left side.

Regarding the diseases which occur among the insane

there is little that is peculiar or worthy of notice. We find the same organic affections of the uterus and ovaries as are met among rational beings, and while their symptoms are modified by the state of the nervous system, their physical signs are the same. It is possible that malignant disease of the uterus occurs more frequently among the insane. There are reasons for believing also that the products of former diseases, such as puerperal metritis, pelvic peritonitis and cellulitis, are found more frequently among this class of patients than among sane women.

The treatment of diseases of the reproductive organs among insane women is based upon the general principles which guide us in ordinary practice. Indeed it may appear like presumption to offer any suggestion on this subject to those who are known to be familiar with uterine therapeutics. There are, however, circumstances peculiar to this class of patients which must, of necessity, modify our treatment, and therefore I will mention some points from clinical observation which may be worthy of notice. While discussing functional disease, such as amenorrhœa, it was claimed that constitutional treatment alone was required in such cases. That is doubtless true. Local treatment can accomplish very little to relieve such conditions, either among the insane or the sane. Persistent amenorrhœa seldom yields to local treatment, such as stem galvanic pessaries, the local use of electricity, leeching and blistering the uterus, and the difficulties in the way of employing such means among the insane, practically exclude their use.

In the management of cervical endometritis it is necessary to use means that do not require frequent repetition. On that account the hot water douche (a most valuable remedy) cannot be used, because these patients will not permit the nurse to treat them, nor will they use it themselves, except in rare cases. There is the same objection to the use of the

cotton and glycerine tampon, which requires to be renewed every day. In such cases I have used with advantage an application of equal parts of tinct. iodine and carbolic acid once a week. This is sedative, and also changes the abnormal action of the mucous membrane, causing a diminution of the leucorrhœal discharge, the erosion of the surface disappearing, not by being replaced by cicatrised tissue, but by the restoration of normal epithelium. When improvement begins to appear it is well to lessen the proportional quantity of the acid.

Vaginitis is also a difficult disease to treat among insane women, owing to the same objections to the vaginal douche. Little progress can be made in the management of this affection without thorough cleanliness, and that is difficult to obtain among insane patients. In fact vaginitis and vulvitis occur oftener in this class of patients than among those of sound mind, owing apparently to want of care in keeping the parts clean. Some of the most marked cases of purulent vaginitis that have ever come under my observation were among my patients in the Asylum.

The treatment adopted in these cases consisted in first cleansing the membrane thoroughly with a sponge, and then applying a mild solution of nitrate of silver, or sulphate of zinc with fluid ext. of *hydrastis canadensis* and water, and then introducing a tampon of marine lint. This tampon is changed for a new one every two or three days, until the inflammation subsides. This is sufficient to cure most cases of vaginitis without any other treatment. It separates the inflamed surfaces, and by absorbing the secretions, keeps the parts perfectly clean. The tar which it contains is one of the most useful remedies in inflammations of mucous membranes, and besides fulfills a modern demand in surgery in being antiseptic. This method of treating vaginitis has been tried in general practice and answers

well, but it is among the insane where its value is most marked.

Endometritis polyposa, or fungosa, with the menorrhagia which is caused thereby, is quite a common affection among the insane, judging from the number of cases which have come under my own observation. To meet the indications and the circumstances which the accompanying insanity gives rise to, I have adopted, with satisfactory results, the following method of treatment.

Having made a positive diagnosis, a small curette or scoop having a flexible stem, is carried into the cavity of the uterus, and the whole of the fungous material broken down and removed. This simple operation is often followed by complete recovery. Sometimes the polypoid growth returns and a repetition of the operation is necessary. In very few cases it has returned again and again, but has finally yielded to the use of bichloride of mercury given in the usual doses, and the application of tinct. iodine and carbolic acid after the use of the curette. There is nothing new in this method of treating the disease in question, except in omitting dilatation of the cervix by tents as a preliminary. This is entirely unnecessary and should be avoided, because it is painful and dangerous, while the use of the blunt scoop is less likely to give after-trouble than any other form of intra-uterine treatment that I am familiar with. The methods of treating this affection given in our books are first to dilate, use the curette, and finally use some caustic or alterative application to the whole endometrium. This requires that the patient should be confined to bed several days care, being taken to prevent the development of inflammation; and with all there is danger. Such practice is impossible among the insane. There are few of that class of patients that can be kept quiet in bed while undergoing such treatment. The same object can be obtained without interrupting the pa-

tient in her usual mode of life. I have used the curette in office practice with as little caution as I make mild applications to the cervical canal, and have so far had no accidents. In the confidence based upon that experience the treatment was employed among the insane, and the results have been quite satisfactory.

Laceration of the cervix uteri is now so well understood by gynecologists that the treatment of it need only be mentioned in its relation to insane patients. The evil that such lacerations give rise to are well enough known to warrant us in saying that any patient with that complaint, whether sane or insane, has a right to claim relief at the hands of the gynecologist. The success of the operation depends to some extent upon the details of after-treatment, such as rest in bed and cleanliness. That is difficult to obtain among insane women, but in lieu of that I have employed a method of operating which gives fair results, even when the patient goes around during the healing process, to wit: the use of silk sutures and the lint tampon in place of the douch.

The advantage is that the sutures cannot wound the vagina like the ends of a silver wire suture, and the tampon supports the uterus and guards against putting a strain upon the sutures when the patient moves or sits up. This method is well adapted to practice among the insane. While I would hesitate to operate in the usual way upon an insane patient, I have practiced the method described with marked success. A question may be raised as to the propriety of leaving a silk suture in the cervix during the time requisite for healing. The constant heat and moisture to which the suture is exposed, certainly favors decomposition of the silk, and if that should occur the suture would cause suppuration. I have demonstrated that no such results need be feared when the silk is properly prepared by immersing it for several hours in a composition of melted wax, salicylic and car-

bolic acid. During the past summer I removed such a suture from the cervix that had been there for one year, two months and twenty days. The patient was operated upon, and when removing the sutures after union had taken place, I carelessly missed one. She soon became pregnant, and six weeks after confinement, she called for examination to ascertain the effect of delivery on the cervix, and then I found the missing suture. It had caused no great trouble, and was in a very good state of preservation.

The pelvic pain or neuralgia, which arises from cicatrices of the cervix and vagina, is often very annoying, and calls for treatment. Marked relief follows after dividing the bands of cicatricial tissue. In two insane cases I have now in mind this treatment was the only means that could easily be employed, and the results were very satisfactory. One was a case of scar-tissue of the cervix from the reckless use of nitrate of silver; the other had a number of cicatricial bands in the vagina resulting from gangrenous vaginitis occurring after scarlatina in girlhood.

Displacement of the uterus, *i.e.*, prolapsus and versions can be treated with good results, excepting when there is anatomical or functional imperfections of the perinæum. The displaced uterus can be readily restored and a pessary adjusted while the patient is anæsthetized. It is necessary to frequently examine such cases while wearing pessaries, because they may suffer without complaining.

The most important difficulty is encountered in the management of displacements among those having imperfect perinei. Pessaries or supporters held in place by being fastened to the body cannot be used, and on that account we are limited to intra-vaginal pessaries, which require the presence of the perinæum. To restore a lacerated perinæum would be easy, but to secure the after treatment necessary to a good result is often impossible. My own

investigation in this department has been very limited, but I intend to try the use of the silk suture in perinæorrhaphy, and see if union can be obtained. I am satisfied already that in many cases the restlessness of such patients would render the use of the silver wire unsatisfactory. One thing is certain; there is room for improvement in our methods of restoring the perinæum among the insane. Attention is called to this subject as a field inviting experimentation. Flexion of the uterus, in its various forms, gives rise to much suffering when the menstrual function continues, and dysmenorrhœa is a common result. In quite a number of patients with flexion there is amenorrhœa, and in such flexion alone is presumed to give no trouble. There is no reason for believing that a flexion unassociated with any other disease of the uterus would give rise to disturbance of the brain or nervous system in a patient who does not menstruate; so I have avoided local treatment, believing that nothing would be gained by anything that we could do. But when the menses recur, and are painful, the probabilities are that the flexion is the cause of the dysmenorrhœa, and it should be relieved if possible. Knowing how difficult flexions are to cure, when the circumstances are favorable, it need hardly be stated that the treatment of such deformities among the insane is often very unsatisfactory. The most daring gynecologist would hesitate to use a stem pessary, or perform division of the cervix in a patient who could not be well controlled during the after-treatment. In flexion of the cervix division might be practiced in patients not too violent and uncontrollable. As a rule, however, the treatment in such cases is limited to subduing any excessive irritability of the uterus, and securing a sufficient size of the canal by dilatation or incision, if necessary, and in cases of forward flexion of the body, much might be gained by

straightening the uterus and keeping it so, as far as possible by means of Thomas' anteflexion pessary, or some like instrument.

There are forms of dysmenorrhœa (not dependent upon flexion of the uterus or any known mechanical cause) that are presumed to arise from ovarian disease, or some abnormal condition of the nerves supplying the sexual organs. In these cases the local signs are negative, and the only true evidence of the painful menstruation is the fact that the insanity is aggravated at that time, and the patient may indicate by the position of the body, and placing the hands over the lower portion of the abdomen, that the seat of suffering is in the pelvis. For cases of this kind I know of no special local treatment that is beneficial. Fortunately this form of dysmenorrhœa is rare among the insane, The reason for this is that the tender and irritable uterus and ovaries are relieved, in some cases at least, upon the appearance of insanity.

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